Image# 15970692609 PAGE 1 / 27

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

		an An Admonzed				Office Use Only
NAME OF T COMMITTEE (in full)	YPE OR PRIN		mple: If typir r the lines.	ng, type	12FE4M5	
, Hawaii Republican Part	у					1
ADDRESS (number and street)	725 Kapiolani	Boulevard				
Check if different	Suite 105					
than previously reported. (ACC)	Honolulu				HI	96813-6027
2. FEC IDENTIFICATION NUM	MBER ▼	CITY		(STATE A	ZIP CODE ▲
C C00085506		3. IS THIS REPORT	~	NEW OR	Al (A	MENDED)
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	×	May 20 (M5)	Aug	20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On.	Mar 20 (M3)		Jun 20 (M6)	Ξ.	20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1) -	Apr 20 (M4)		Jul 20 (M7)		20 (M10) Jan 31 (YE)
July 15 Quarterly Report (Q2)	E-Election	Primary (12P		General	
October 15 Quarterly Report (Q3		oort for the:	Convention (120)	Special	(125)
January 31 Year-End Report (YE		Election on	M M /	D D /	Y . Y . Y . Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)		Day ST-Election out for the:	General (300	G)	Runoff (30R) Special (30S)
Termination Report (TER)	Пер	Election on	M - M /	D D /	Y " Y " Y " Y	in the State of
5. Covering Period 04	/ D D /	2015	through	04 04	30	2015
I certify that I have examined this	•	-	wledge and b	pelief it is tru	e, correct an	d complete.
Type or Print Name of Treasurer	GEORGE KE	KUNA				
Signature of Treasurer GEORG	GE KEKUNA		[Electronically	Filed] D	ate 05	12 / 2015
NOTE: Submission of false, erroned	ous, or incomple	ete information may su	bject the pers	son signing th	is Report to t	he penalties of 2 U.S.C. §437g.
Office Use Only						FEC FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISRUPSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name Hawaii Republican Party 04 2015 04 30 2015 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 72964.44 January 1, 2015 (b) Cash on Hand at 89016.76 Beginning of Reporting Period..... 109884.76 12113.61 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 101130.37 182849.2 6(a) and 6(c) for Column B)..... 16922.03 98640.86 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 84208.34 84208.34 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Hawaii Republican Pai

Report Covering the Period: From: 04	01 2015 To	: 04 30 2015
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	3075	72697.9
(i) Itemized (use Schedule A)	3075	12501.5
(ii) Unitemized	5522.9	30403.45
(iii) TOTAL (add	, , , , , , , , , , , , , , , , , , , ,	00 100.10
Lines 11(a)(i) and (ii)	8597.9	103101.35
2.1100 11(4)(1) 4.114 (1)		
(b) Political Party Committees	0	0
(c) Other Political Committees		
(such as PACs)	0	
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		400404.05
Totals to Line 33, page 5)	8597.9	103101.35
2. Transfers From Affiliated/Other		
Party Committees	0	0
3. All Loans Received	0	O
7.11 254.10 710001704	7	7
I. Loan Repayments Received	0	(
5. Offsets To Operating Expenditures		7 7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0	387.81
6. Refunds of Contributions Made	7	7
to Federal Candidates and Other		
Political Committees	0	0
7. Other Federal Receipts		
(Dividends, Interest, etc.)	1.39	2.51
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	3514.32	6393.09
(b) Levin Funds (from Schedule H5)	0	
(c) Total Transfers (add 18(a) and 18(b))	3514.32	6303 00
(c) Total Hansiers (add Tota) and Tota))	3317.32	6393.09
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	12113.61	109884.76
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	8599.29	103491.67

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period				
21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calendar Year-to-Date			
(i) Federal Share	1976.82	3596.13			
(ii) Non-Federal Share	3514.32	6393.09			
(b) Other Federal Operating					
Expenditures	11430.89	82651.64			
(c) Total Operating Expenditures	40000.00	00040.00			
(add 21(a)(i), (a)(ii), and (b)) ▶ 2. Transfers to Affiliated/Other Party	16922.03	92640.86			
Committees	0	0			
3. Contributions to Federal Candidates/Committees					
and Other Political Committees	0	0			
4. Independent Expenditures	0	0			
(use Schedule E)					
(2 U.S.C. §441a(d)) (use Schedule F)	0	0			
, , , , , , , , , , , , , , , , , , ,					
6. Loan Repayments Made	0	0			
7 Loone Mode	0	0			
7. Loans Made					
(a) Individuals/Persons Other Than Political Committees	0	0			
(b) Political Party Committees	0	0			
(c) Other Political Committees	0	0			
(such as PACs)					
(d) Total Contribution Refunds					
(add Lines 28(a), (b), and (c))▶	0	0			
O. Other Distance and		0			
9. Other Disbursements	0	0			
0. Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6)	0	0			
(i) Federal Share					
(ii) "Levin" Share	0	0			
(b) Federal Election Activity Paid Entirely					
With Federal Funds	0	6000			
(c) Total Federal Election Activity (add	0	6000			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0	6000			
1. Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	16922.03	98640.86			
	13407 71	92247.77			
	16922.03				

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	8597.9	103101.35
4. Total Contribution Refunds (from Line 28(d))	0	0
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8597.9	103101.35
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	13407.71	86247.77
7. Offsets to Operating Expenditures (from Line 15, page 3)	0	387.81
8. Net Operating Expenditures (subtract Line 37 from Line 36)	13407.71	85859.96

1mage# 15970692614 PAGE 6 / 27

: 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC' 5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XN Transaction ID:

Form/Schedule: F3XN Transaction ID:

There are no expenditures or disbursements for public communications that refer to a clearly identified candidate for Federal office or that promote, support, attack or oppose any candidate for Federal office as defined under CFR Section 100.24. Further, there are no public communications that contain express advocacy as defined under 11 CFR Section 100.22. There is no portion of any expenditure made on behalf of a specifically identified Federal candidate under 11 CFR section 104.3(b) and 106.1. There were no salary or wage payments as defined under 11 CFR Section 100.24 and required to be reported on Schedule B Line 30(b) of the Detailed Summary Page. Note: 100% of all salary is reported on Line 21(b) unless an employee of the State Party spends more than 25% of their time during that month on activities in connection with the Federal Election activity.

FOR LINE NUMBER: **PAGE** 7 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 13 14 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Hawaii Republican Party Full Name (Last, First, Middle Initial) Elizabeth K Toulon Date of Receipt Mailing Address PO Box 666 04 2015 10 City Zip Code State Transaction ID: 134366-107201-c Koloa HI 96756-0666 Amount of Each Receipt this Period FEC ID number of contributing 150 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 400 Other (specify) Full Name (Last, First, Middle Initial) B. James T. Chinn Date of Receipt Mailing Address 5601 Halepa Place 04 10 2015 City State Zip Code Transaction ID: 61636-107202-c HI Honolulu 96821-2117 Amount of Each Receipt this Period FEC ID number of contributing 500 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 500 Other (specify) Full Name (Last, First, Middle Initial) c. Bradford S Burton Date of Receipt Mailing Address 2243 Okoa Street 04 16 2015 City State Zip Code Transaction ID: 110404-107212-c HI Honolulu 96821-2650 Amount of Each Receipt this Period FEC ID number of contributing 25 С federal political committee. Name of Employer Occupation **HPMG** Physician Receipt For: Aggregate Year-to-Date ▼ Primary General 400 Other (specify) 675.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: **PAGE** 8 Use separate schedule(s) (check only one) X 11a 11b 11c

OF

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for each category of the 12 Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Hawaii Republican Party Full Name (Last, First, Middle Initial) Andres E. Mukk Date of Receipt Mailing Address 95-1031 Kahakiki Street 04 2015 16 City Zip Code State Transaction ID: 129167-107213-c Mililani HI 96789-6500 Amount of Each Receipt this Period FEC ID number of contributing C 25 federal political committee. Name of Employer Occupation Booz Allen Hamilton Defense Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General 250 Other (specify) Full Name (Last, First, Middle Initial) B. Ms. Barbara B Tilley Date of Receipt Mailing Address 4389 Malia Street 17 04 2015 City State Zip Code Transaction ID: 134279-107227-c HI Honolulu 96821-1106 Amount of Each Receipt this Period FEC ID number of contributing 100 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 300 Other (specify) Full Name (Last, First, Middle Initial) c. Helen M Frowick Date of Receipt Mailing Address 201 Ohua Avenue 17 04 2015 Apt. T1-2806 City State Zip Code Transaction ID: 135782-107223-c HI Honolulu 96815-3613 Amount of Each Receipt this Period FEC ID number of contributing 250 С federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250 Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

27

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Hawaii Republican Party Full Name (Last, First, Middle Initial) Janice M. Hellreich Date of Receipt Mailing Address 225 Kuuhoa Place 04 2015 City Zip Code State Transaction ID: 27743-107217-c Kailua HI 96734-2734 Amount of Each Receipt this Period FEC ID number of contributing C 50 federal political committee. Name of Employer Occupation Self-Employed Speech Pathologist Receipt For: Aggregate Year-to-Date ▼ Primary General 1950 Other (specify) Full Name (Last, First, Middle Initial) B. Ms Carol L Yokota Date of Receipt Mailing Address 716 Lukepane Avenue 20 04 2015 City State Zip Code Transaction ID: 135695-107196-c HI Honolulu 96816-1034 Amount of Each Receipt this Period FEC ID number of contributing 250 federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250 Other (specify) Full Name (Last, First, Middle Initial) c. Eric Ching Date of Receipt Mailing Address 1319 Ala Alii Street 20 04 2015 City State Zip Code Transaction ID: 136786-107193-i HI Honolulu 96818-1858 Amount of Each Receipt this Period FEC ID number of contributing 98.04 С federal political committee. In-Kind:Water Cooler Maintenance Name of Employer Occupation President CC Repair & Maintenance Svc Receipt For: Aggregate Year-to-Date ▼ Primary General 716.05 Other (specify) 398.04 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

FOR LINE NUMBER: PAGE 10 OF 27 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Hawaii Republican Party Full Name (Last, First, Middle Initial) Ms. Patricia O Lohr Date of Receipt Mailing Address 1296 Kapiolani Boulevard Apt. 2906 04 20 2015 City State Zip Code Transaction ID: 27849-107190-i Honolulu HI 96814-2886 Amount of Each Receipt this Period FEC ID number of contributing 1000 federal political committee. In-Kind:Mortgage Principal Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 1000 Other (specify) Full Name (Last, First, Middle Initial) B. Eric Ching Date of Receipt Mailing Address 1319 Ala Alii Street 04 21 2015 City State Zip Code Transaction ID: 136786-107340-i HI Honolulu 96818-1858 Amount of Each Receipt this Period FEC ID number of contributing 18.01 federal political committee. In-Kind:In Kind - Water Name of Employer Occupation CC Repair & Maintenance Svc President Receipt For: Aggregate Year-to-Date ▼ Primary General 716.05 Other (specify) Full Name (Last, First, Middle Initial) c. Marcia J Klompus Date of Receipt Mailing Address PO Box 2119 04 22 2015 City Zip Code State Transaction ID: 110742-107298-c HI Honolulu 96805-2119 Amount of Each Receipt this Period FEC ID number of contributing 100 С federal political committee. Name of Employer Occupation Retired Retired Receipt For: Aggregate Year-to-Date ▼ Primary General 400 Other (specify) 1118.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only)..... - 9

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER: PAGE 11 OF

TEMIZED RECEIPTS	for each category of the Detailed Summary Page	(check only one)
Any information copied from such Reports and or for commercial purposes, other than using to	Statements may not be sold or used by any pentengeness of any political committees	erson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Hawaii Republican Party		
Full Name (Last, First, Middle Initial) Philip D Hellreich M.D. Mailing Address 225 Kuuhoa Place City Kailua FEC ID number of contributing federal political committee. Name of Employer Kailua Dermatology Assoc Ltd Receipt For: Primary General Other (specify)	State Zip Code HI 96734-2734 C Occupation Physician Aggregate Year-to-Date ▼ 400	Date of Receipt O4 22 2015 Transaction ID: 123976-107290-c Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Katherine H Thomason Mailing Address 44-166 Nanamoana Street City Kaneohe FEC ID number of contributing federal political committee. Name of Employer IMS LLC Receipt For: Primary General Other (specify)	State Zip Code HI 96744-2557 C Occupation Accountant Aggregate Year-to-Date ▼	Date of Receipt M M M / 22 2015 Transaction ID: 134228-107289-c Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Linda G Bruckner Mailing Address 46-231 Heeia Street City Kaneohe FEC ID number of contributing federal political committee. Name of Employer Retired Receipt For: Primary General Other (specify)	State Zip Code HI 96744-4116 C Occupation Retired Aggregate Year-to-Date ▼	Date of Receipt 04 22 2015 Transaction ID: 23330-107294-c Amount of Each Receipt this Period 25
SUBTOTAL of Receipts This Page (optional)	•	225.00
TOTAL This Period (last page this line number	er only)	

	F	FOR LINE NUMBER: PA							12 OF	27
Use separate schedule(s)	(c	he	ck only	or	ne)					
for each category of the Detailed Summary Page		X	11a		11b		11c		12	
			13		14		15		16	17

Any information copied from such Reports and or for commercial purposes, other than using	d Statements may not be sold or used by any pers the name and address of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)		
Hawaii Republican Party		
Full Name (Last, First, Middle Initial) Johnny M McElree		Date of Receipt
Mailing Address 69-1000 Kolea Kai Circle		M M / D D / Y Y Y Y
Unit 7E		04 22 2015
City	State Zip Code	Transaction ID : 30687-107293-c
Waikoloa	HI 96738-6714	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50
Name of Employer	Occupation	
Century 21 All Islands	Realtor	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	Aggregate real to Date V	
Other (specify) ▼	250	
Full Name (Last, First, Middle Initial) 3. Marcia S. Anderson		Date of Receipt
Mailing Address 98-500 Koauka Loop		M = M / D = D / Y = Y = Y
Apt. 9B		04 22 2015
City	State Zip Code	Transaction ID: 3477-107296-c
Aiea	HI 96701-5802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	8.95
Name of Employer	Occupation	-
Surface Prep & Coating Tech	Self-employed contractor	
Receipt For:	Aggregate Year-to-Date ▼	-
Primary General	riggregate real to Date y	
Other (specify) ▼	335.8	
Full Name (Last, First, Middle Initial) C. Mark A. Torreano		Date of Receipt
Mailing Address 343 Hobron Lane Apt. L101		04 24 _2015 _
City	State Zip Code	Transaction ID: 134357-107323-c
Honolulu	HI 96815-5802	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	25
Name of Employer	Occupation	-
Retired	Retired	
Receipt For:		-
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	1000	
SUBTOTAL of Receipts This Page (optional).		83.95
1		
TOTAL This Period (last page this line numb	er only)	

					PAGE	13	3 OF	=	27	
Use separate schedule(s)	(check only one)									
for each category of the Detailed Summary Page	×	11a		11b		11c		12		_
		13		14		15		16		17
not be cold or used by one never for the number of coliciting contributions										

	Statements may not be sold or used by any personal ename and address of any political committee to	
NAME OF COMMITTEE (In Full) Hawaii Republican Party		
Full Name (Last, First, Middle Initial) Vincent Faggioli Mailing Address 95-200 Anuanu Place City Milliani FEC ID number of contributing federal political committee. Name of Employer US Army Receipt For: Primary General Other (specify)	State Zip Code HI 96789-5576 C Occupation Civilian Employee Aggregate Year-to-Date ▼	Date of Receipt M M M / 24 2015 Transaction ID: 136039-107326-c Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Janice M. Hellreich Mailing Address 225 Kuuhoa Place City Kailua FEC ID number of contributing federal political committee. Name of Employer Self-Employed Receipt For: Primary General Other (specify)	State Zip Code HI 96734-2734 C Occupation Speech Pathologist Aggregate Year-to-Date ▼ 1950	Date of Receipt 04 24 2015 Transaction ID: 27743-107324-c Amount of Each Receipt this Period
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
SUBTOTAL of Receipts This Page (optional)	>	200.00
TOTAL This Period (last page this line number	only)	3075.00

ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE Note that the control of th	_
Any information copied from such Reports and States or for commercial purposes, other than using the nar NAME OF COMMITTEE (In Full) Hawaii Republican Party	nents may not be sold or used ne and address of any political	by any perso committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. Axia Bankcard Merchant Mailing Address 1311 Kapiolani Boulevard Suite 512			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Honolulu Purpose of Disbursement Merchant Services	State Zip Code HI 96814-4558	001	Transaction ID : SB21B136123107153e Amount of Each Disbursement this Period
	ment For:	Category/ Type	137.94
Senate President State: District: Full Name (Last, First, Middle Initial)	Primary General Other (specify) ▼		
B. Sprint Mailing Address PO Box 219100			Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kansas City Purpose of Disbursement Telephone	State Zip Code MO 64121-9100	001	Transaction ID : SB21B106033107130e Amount of Each Disbursement this Period
Candidate Name Office Sought: House Disburser Senate	ment For: Primary General	Category/ Type	20.8
State: District: Full Name (Last, First, Middle Initial)	Other (specify) ▼		
Mailing Address 2154 Makanani Drive			Date of Disbursement M M M / D D / Y Y Y Y 04 03 2015
City Honolulu Purpose of Disbursement Administrative/Salary/Overhead: Salary	State Zip Code HI 96817-2034		Transaction ID : SB21B116032107068e
Candidate Name	ment For:	001 Category/ Type	Amount of Each Disbursement this Period 1874.75
Senate President State: District:	Primary General Other (specify)		
,			2033.49

SCHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE			
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and Staten	l nents may not he sold or us				
or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)					
/ Full Name (Last, First, Middle Initial)					
A. Blakely C Parsons			Date of Disbursem	nent	
- Blakely CT alsolis			M M / D D		
Mailing Address 2154 Makanani Drive			04 03	2015	
01	7. 0.4				
City S Honolulu	State Zip Code HI 96817-2034		Transaction ID:	SB21B116032107164e	
Purpose of Disbursement	30017 2004				
Reimburse - Mailchimp; Supplies; Merchant Service	es	001	Amount of Each D	isbursement this Period	
Candidate Name		Category/		437.34	
000		Туре		437.34	
Office Sought: House Disbursen	nent For: Primary General				
	Other (specify)				
State: District:	(-				
Full Name (Last, First, Middle Initial)					
3. Eventbrite			Date of Disbursem	ient	
Moiling Address 440 Towns of Owner			M M / D D		
Mailing Address 410 Townsend Street			04 03	2015	
,	State Zip Code		Transaction ID :	SB21B-135908-496-V	
San Francisco Purpose of Disbursement	CA 94107-1537				
: Reimburse - Merchant Services			Amount of Each D	isbursement this Period	
Candidate Name		Category/		040.54	
		Type		319.54	
Office Sought: House Disbursen			[MEMO ITEM]		
	Primary General Other (specify) ▼		Subitemization of B	Blakely Parsons (04/03/15)	
State: District:	Caron (opeony)				
Full Name (Last, First, Middle Initial)					
C. Mailchimp			Date of Disbursem	ient	
· · · · · · · · · · · · · · · · · · ·			M M / D D		
Mailing Address 512 Means Street NW Suite 404			04 03	2015	
City	State Zip Code		Transaction ID :	SB21B-135909-494-V	
	GA 30318-5788		Transaction ib .	OB21B-133303-434-V	
Purpose of Disbursement : Reimburse - Email Distribution			Assessment of Foods D	delement dele Design	
Candidate Name		Catagory	Amount of Each D	isbursement this Period	
		Category/ Type		85	
Office Sought: House Disbursen	nent For:		[MEMO ITEM]	,	
	Primary General		Subitemization of B	lakely Parsons (04/03/15)	
State: District:	Other (specify) ▼				
State: District:					
SUBTOTAL of Disbursements This Page (optional)				437.34	
5 ,1 ,					
TOTAL This Period (last page this line number only)					

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SCHEDULE B (FEC Form 3X)	11	FOR LINE	NUMBER:		PAGE	16 C	OF 27
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)			٦.	
	Detailed Summary Page	X 21b 27	22 28a	23 28b	24 28c	25 29	26 30b
Any information copied from such Reports and Staten	I nents may not be sold or us						
or for commercial purposes, other than using the nam							
NAME OF COMMITTEE (In Full)							
│ Hawaii Republican Party							
Full Name (Last, First, Middle Initial)			D : 15:				
A. American Express			Date of Dis			/	V
Mailing Address PO Box 01		04	06		015	Y	
	State Zip Code		Transacti	on ID : SB	21B1049	25107	166e
Los Angeles Purpose of Disbursement	CA 90096-8000		Transacti	011 12 . 02	2151040	20101	1000
Merchant Services		001	Amount of	Each Disb	ursemen	t this F	Period
Candidate Name		Category/		• • • •		15	5.51
Office Sought: House Disbursen	aont For	Туре		7	7	13	
Senate Disbursen	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial)			Data of Die				
B. Axia Bankcard Merchant			Date of Dis	soursemen		Y	V
Mailing Address 1311 Kapiolani Boulevard Suite 512			04	13		2015	Y
City S Honolulu	State Zip Code HI 96814-4558		Transacti	ion ID : SE	321B136	123107	′180e
Purpose of Disbursement	90014-4556						
Merchant Services		001	Amount of	Each Disb	ursemen	t this F	Period
Candidate Name		Category/ Type				1	3.9
Office Sought: House Disbursen	nent For:	Турс			,		
Senate	Primary General						
	Other (specify) ▼						
State: District: Full Name (Last, First, Middle Initial)							
C. Direct Mail Systems Inc.			Date of Dis	sbursemen	t		
			M = M /	D D	_	7 I Y I	Υ
Mailing Address 12450 Automobile Boulevard			04	14	_ 2	015	
City	State Zip Code		Transacti	ion ID : SE	21B136	759107	′182e
Clearwater Purpose of Disbursement	FL 33762-4427		าานการสบไ			. 55101	.026
Fundraising: Printing Direct Mail		003	Amount of	Each Dish	ursemen	t this F	Period
Candidate Name		Category/	7.111501111 01			-	
Office County		Туре			7	1544	.40
Office Sought: House Disbursen Senate	nent For: Primary General						
President	Other (specify) ▼						
State: District:	·						
						1572	80
SUBTOTAL of Disbursements This Page (optional)		·····•			7	1573	.03
TOTAL This Period (last page this line number only)							

TEMIZED DISBURSEMENTS	llea cana	arate schedule(s)	FOR LINE	•
	for each	category of the Summary Page	(check only 21b 27	one) 22 23 24 25 28 28c 29
Any information copied from such Reports and State or for commercial purposes, other than using the nar				
NAME OF COMMITTEE (In Full) Hawaii Republican Party	no and addi	oss or any politi	our committee to	CONTROL CONTINUES TO THE SUCH CONTINUES.
Full Name (Last, First, Middle Initial)				Date of Diehumann and
A. Bank Of Hawaii				Date of Disbursement
Mailing Address PO Box 2900		04 15 2015		
Honolulu	State HI	Zip Code 96846-0001		Transaction ID : SB21B-4-107186-e
Purpose of Disbursement Bank Services			001	Amount of Each Disbursement this Peri
Candidate Name			Category/ Type	35.3
Senate President	ment For: Primary Other (spec	General □	Туре	
State: District:				
Full Name (Last, First, Middle Initial) 3. EFTPS				Date of Disbursement
Mailing Address PO Box 173788				04 15 2015
Denver	State CO	Zip Code 80217-3788		Transaction ID : SB21B10522510718
Purpose of Disbursement Payroll Tax			001	Amount of Each Disbursement this Peri
Candidate Name			Category/ Type	1546.48
Office Sought: House Disburse Senate President State: District:	ment For: Primary Other (spec	General □ General		
Full Name (Last, First, Middle Initial) - Hawaii State Tax Collector - SWT				Date of Disbursement
Mailing Address PO Box 3827				04 15 2015
City	State HI	Zip Code 96812-3827		Transaction ID : SB21B10539310718
Honolulu Purnose of Dishursement			001	Amount of Each Disbursement this Per
Honolulu Purpose of Disbursement Payroll Tax Candidate Name			Category/	
Purpose of Disbursement Payroll Tax Candidate Name	mont For		Category/ Type	352.48
Purpose of Disbursement Payroll Tax Candidate Name Office Sought: House Disburse Senate President	ment For: Primary Other (spec	General		
Purpose of Disbursement Payroll Tax Candidate Name Office Sought: House Disburse Senate President	Primary Other (spec	cify) 🔻	Type	

SCHEDULE B (FEC Form 3X)	Llee concrete selection (-)	FOR LINE	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one) 22 23 24 25 7
	Detailed Summary Page	27	28a 28b 28c 29
Any information copied from such Reports and State			
or for commercial purposes, other than using the na	me and address of any political	al committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Hawaii Republican Party			
Tiawaii Nepublican Faity			
Full Name (Last, First, Middle Initial)			Data of Diahuraament
A. Blakely C Parsons		Date of Disbursement	
Mailing Address 2154 Makanani Drive	04 15 2015		
City	State Zip Code		Transaction ID : SB21B11603210718
Honolulu Purpose of Disbursement	HI 96817-2034		11alisaction iD . 3B21B11003210710
Reimburse - BRM renewal; call minutes; audio sup	oplies; data validation	001	Amount of Each Disbursement this Per
Candidate Name		Category/	
		Type	347.81
Office Sought: House Disburse Senate	ment For:		
President	Primary General Other (specify) ▼		
State: District:	Carior (opcomy)		
Full Name (Last, First, Middle Initial)			
B. USPS Downtown			Date of Disbursement
Mailing Address Downtown Station 335 Merchant St.			04 15 2015
City Honolulu	State Zip Code HI 96813-9998		Transaction ID : SB21B-106121-497-
Purpose of Disbursement : Reimburse - BRM renewal			Assessed of Early Dishark was and this Day
Candidate Name			Amount of Each Disbursement this Per
Candidate Name		Category/ Type	100
Office Sought: House Disburse	ment For:	71	[MEMO ITEM]
Senate	Primary General		Subitemization of Blakely Parsons (04/1
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
c. LCA Bank Corporation			Date of Disbursement
Mailing Address PO Box 1650			04 17 2015
City	State Zip Code		Transaction ID : SB21B13651810718
Troy	MI 48099-1650		11a113aCtion 1D . 3DZ1D13031010/10
Purpose of Disbursement Copier Rental		001	Amount of Each District and the D
Candidate Name		Category/ Type	Amount of Each Disbursement this Per 103.98
Office Sought: House Disburse	ment For:	Туре	7
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
SUBTOTAL of Disbursements This Page (optional).			451.79
22212112 3. 2.222.23			
TOTAL This Period (last page this line number only	′)		

SCHEDULE B (FEC Form 3X)	Llee concrete cobodule/e	, FOR LINE	-	PAGE 19 OF 27
TEMIZED DISBURSEMENTS	Use separate schedule(s for each category of the	(check only		24 25 26
	Detailed Summary Page	27	22 23 28b	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Any information copied from such Reports and Statem	l nents may not be sold or u	sed by any nerso	on for the purpose of	soliciting contributions
or for commercial purposes, other than using the name				
NAME OF COMMITTEE (In Full)				
/ Full Name (Last, First, Middle Initial)				
A. Eric Ching			Date of Disbursen	nent
" Elic Ching			M M / D D	
Mailing Address 1319 Ala Alii Street			04 20	
				
City S Honolulu	State Zip Code HI 96818-1858		Transaction ID:	SB21B136786107193i
Purpose of Disbursement	90010-1000			
Inkind: Water Cooler Maintenance			Amount of Each D	Disbursement this Period
Candidate Name		Category/		20.04
		Туре		98.04
Office Sought: House Disbursen				
	Primary ☐ General Other (specify) ▼			
State: District:	Other (specify)			
Full Name (Last, First, Middle Initial)				
3. Ms. Patricia O Lohr			Date of Disbursen	nent
			M = M / D = C) / Y Y Y Y
Mailing Address 1296 Kapiolani Boulevard			04 20	2015
Apt. 2906 City S	State Zip Code			
Honolulu	HI 96814-2886		Transaction ID :	SB21B-27849-107190-i
Purpose of Disbursement				
Inkind: Mortgage Principal			Amount of Each D	Disbursement this Period
Candidate Name		Category/		1000
Office Sought: House Disbursen	ent For:	Туре		
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)				
C. Blakely C Parsons			Date of Disbursen	nent
Mailing Address 2154 Makanani Drive			04 20	
Mailing Address 2154 Makanani Dilve			04 20	2010
City	State Zip Code		Transaction ID :	SB21B116032107179e
Honolulu	HI 96817-2034		Transaction ib .	352151100321071736
Purpose of Disbursement Administrative/Salary/Overhead: Salary		001		
Candidate Name			Amount of Each L	Disbursement this Period
		Category/ Type		1874.75
Office Sought: House Disbursen	nent For:	· · · · ·		
	Primary General			
	Other (specify) ▼			
State: District:				
SUBTOTAL of Disbursements This Page (optional)				2972.79
ODITINE OF DISDUISEMENTS THIS Page (optional)		······	7	
TOTAL This Period (last page this line number only).				

SCHEDULE B (FEC Form 3X)		FOR LINE I	-	PAGE 20 OF 27
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only		
	Detailed Summary Page	X 21b 27	22 23 28b	24 25 26 28c 29 30b
Any information copied from such Departs and Statem	anto may not be cold or us			
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Hawaii Republican Party				
,				
Full Name (Last, First, Middle Initial)			Data of Distance	
A. Eric Ching			Date of Disburseme	
Mailing Address 1319 Ala Alii Street			04 21	2015
To to your out			4.	
City	State Zip Code		Transaction ID : 9	SB21B136786107340i
Honolulu	HI 96818-1858		Transaction ib . C)D21D1307001073401
Purpose of Disbursement Inkind: In Kind - Water			Amount of Each Di	sbursement this Period
Candidate Name			Amount of Lacif Dis	spursement this renou
		Category/ Type		18.01
Office Sought: House Disbursen	nent For:	. 7 0	,	,
	Primary General			
	Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial)			Date of Disburseme	ont
Blakely C Parsons				/ Y Y Y Y Y
Mailing Address 2154 Makanani Drive			04 22	2015
•	State Zip Code		Transaction ID : S	SB21B116032107245e
Honolulu Purpose of Disbursement	HI 96817-2034			
Reimburse - Postage Permit Deposit		001	Amount of Each Dis	sbursement this Period
Candidate Name		Category/		
		Type		100
Office Sought: House Disbursen	nent For:			
	Primary General			
President State: District:	Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
USPS Downtown			Date of Disburseme	ent
OSI O DOWINOWII			M M / D D	/ Y Y Y Y Y
Mailing Address Downtown Station			04 22	2015
335 Merchant St.				
City S Honolulu	State Zip Code HI 96813-9998		Transaction ID:	SB21B-106121-501-V
Purpose of Disbursement	90013-9990			
: Reimburse - Postage Permit Deposit			Amount of Each Dis	sbursement this Period
Candidate Name		Category/		100
	_	Type		100
Office Sought: House Disbursen Senate			[MEMO ITEM]	
	Primary General Other (specify) ▼		Subitemization of Bla	akely Parsons (04/22/15)
State: District:	Callot (opcomy)			
SUBTOTAL of Disbursements This Page (optional)				118.01
TOTAL This Period (last page this line number only)		·····		

SCHEDULE B (FEC Form 3X)	Llea congreta cohodula(a)	FOR LINE		PAGE 21 OF 27		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	f the Sath San		23 24 25 26		
	Detailed Summary Page	27	22 28a	28b 28c 29 30b		
Any information copied from such Reports and Stater	nents may not be sold or up					
or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)						
│						
Full Name (Last, First, Middle Initial)						
A. IMS, LLC			Date of Dis	bursement		
·						
Mailing Address 46-005 Kawa Street Suite 308	04	24 2015				
City		.	ID - OD04D405100105005			
Kaneohe	HI 96744-3838		Transacti	on ID : SB21B105483107300e		
Purpose of Disbursement Accounting & Compliance		001	Amount of	Each Disbursement this Period		
Candidate Name			Amount of	Lacii Dispuisement tilis Feliuu		
		Category/ Type		922.6		
Office Sought: House Disburser						
Senate	Other (appoint) — General					
State: District:	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. Bank Of Hawaii			Date of Dis	bursement		
Matter Address = = =			M = M /	D D / Y Y Y Y Y Y		
Mailing Address PO Box 2900			04	27 2015		
City S Honolulu	State Zip Code HI 96846-0001		Transacti	on ID : SB21B-4-107301-e		
Purpose of Disbursement	90040-0001					
Bank Services		001	Amount of	Each Disbursement this Period		
Candidate Name		Category/		38.93		
Office Sought: House Disburser	ment For:	Туре		00.00		
Senate Disburser	Primary General					
President	Other (specify) ▼					
State: District:						
Full Name (Last, First, Middle Initial)			Date of Dis	hureament		
C. EFTPS			Man /	D D / Y Y Y Y		
Mailing Address PO Box 173788			04	30 2015		
City	State Zip Code		T	on ID - CD24D405005407000		
Denver	CO 80217-3788		iransacti	on ID : SB21B105225107302e		
Purpose of Disbursement FUTA Payroll Tax		001	Amazza - 6 1	Fool Dichurgement Hale Davie I		
Candidate Name		Category/ Type	Amount of	Each Disbursement this Period 42		
Office Sought: House Disburser	ment For:			7		
Senate	Primary General					
State: President	Other (specify) ▼					
State. District.						
SUBTOTAL of Disbursements This Page (optional)				1003.53		
TOTAL This Period (last page this line number only)				7		

Mailing Address PO Box 3223 City State Zip Code Honolulu 96801-3223 Purpose of Disbursement State Unemployment Insurance Candidate Name Category/ Type Office Sought: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Disbursement For: Category/ Type Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Category/ Type Office Sought: Frest, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial)	ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE I (check only X 21b 27			
A State Tax Collector - SUI Mailing Address PO Box 3223 City State Zip Code HI 96801-3223 City State Unemployment Insurance Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Furpose of Disbursement Candidate Name Office Sought: House President Primary General P	or for commercial purposes, other than using the nan NAME OF COMMITTEE (In Full)					
A State Tax Collector - SUI Mailing Address PO Box 3223 City State Zip Code HI 96801-3223 Purpose of Disbursement Insurance Candidate Name Office Sought:	/					
Mailing Address PO Box 3223 City State Zip Code Primary General Primary Gene	A. State Tax Collector - SUI			Date of Disbursement		
Honobulu HI 96801-3223 Purpose of Disbursement State Unemployment Insurance Candidate Name Office Sought:	Mailing Address PO Box 3223					
State Unemployment Insurance Candidate Name Category' Type Office Sought: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category' Type Date of Disbursement this Period Category' Type Date of Disbursement this Period Category' Type Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Amount of Each Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Category' Type Office Sought: Senate Primary General Other (specify) Galegory' Type Office Sought: Senate Primary General Other (specify) Other (specify) Other (specify) Amount of Each Disbursement this Period Category' Type Office Sought: Amount of Each Disbursement this Period Category' Type	Honolulu		Transaction ID : SB21B106056107333e			
Office Sought:	State Unemployment Insurance		001	Amount of Each Disbursement this Period		
Senate President Other (specify) V State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President President Other (specify) V State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Other (specify) V Date of Disbursement this Period Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Senate Primary General President State: District: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Senate Primary General Other (specify) V State: District: District: Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) V State: District: District: Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) V Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) V				631.58		
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General President State: District: Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Disbursement For: Category/ Type Other (specify) ▼ Date of Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) ▼ State: Disbursement For: Gategory/ Type Office Sought: House Primary General Other (specify) ▼ Substortal of Disbursements This Page (optional)	Senate President	Primary General				
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Other (specify) ▼ Date of Disbursement Category/ Type Other (specify) ▼ Amount of Each Disbursement this Period Date of Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) ▼ State: District: Substortal of Disbursements This Page (optional)						
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Amount of Each Disbursement Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ Substortal of Disbursements This Page (optional)	B. 	,				
Purpose of Disbursement Candidate Name Category/ Office Sought:	Mailing Address					
Candidate Name Category/ Type	City	State Zip Code				
Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) Type Office Sought: House Senate Primary General Other (specify) State: District: State: District: Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: District: State: District: Amount of Disbursement For: Senate Primary General Other (specify) State: District: District: Amount of Each Disbursement This Page (optional)	·			Amount of Each Disbursement this Period		
Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Substrate Disbursement For: General Other (specify) ▼ State: District: District: Amount of Each Disbursement this Period General Other (specify) ▼ Substrate: District: District: Amount of Each Disbursement this Period General Other (specify) ▼	Candidate Name					
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General President State: District: Subtrotal of Disbursements This Page (optional)	Senate President	Primary General				
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)				Date of Disbursement		
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Subtrotal of Disbursements This Page (optional)	Mailing Address			M M / D D / Y Y Y Y		
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	City	State Zip Code				
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)	Purpose of Disbursement	1				
Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)	Candidate Name	I		Amount of Each Disbursement this Period		
SUBTOTAL of Disbursements This Page (optional)	Senate President	Primary General				
AAAFC CO.				631.58		

Image# 15970692631 23 OF 27

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)
Hawaii Republican Party
Transaction ID : H1
USE ONLY ONE SECTION, A or B
A Ctate and Legal Darty Committees
A. State and Local Party Committees
Fixed Percentage (select one)
Presidential-Only Election Year (28% Federal)
Presidential and Senate Election Year (36% Federal)
Senate-Only Election Year (21% Federal)
Non-Presidential and Non-Senate Election Year (15% Federal)
B. Separate Segregated Funds and Nonconnected Committees
Flat Minimum Federal Percentage
If the committee will allocate using the flat minimum percentage of 50% federal funds, check or
If the committee is spending more than 50% federal funds, indicate ratio below
Federal%
Nonfederal%
This ratio applies to (check all that apply):
Administrative Generic Voter Drive Public Communications Referencing Party Only

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	24	OF	27	
EOD I	NIE 1	92 OE	EODM	2V

	DF COMMITTEE (In Full) epublican Party		
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Haw	aii Republican Party - State	M = M / D = D / Y = Y = Y	
		04 01 2015	959.59
BRE	AKDOWN OF TRANSFER RECEIVED		
i)	Total Administrative		959.59
			Transaction ID : H3A-42093-46
ii)	Generic Voter Drive		
iii)	Exempt Activities		
iv)	Direct Fundraising (List Activity or Event Ider	itifier)	
			1
	a)		
			1
	b)		
	c) Total Amount Transferred For Direct Fundra	sing	
v)	Direct Candidate Support (List Activity or Eve	ent Identifier)	
			1
	a)		
			1
	b)		
	c) Total Amount Transferred For Direct Candid	ate Support	7
l			
vi)	Public Communications Referring Only to F	Party (Made by PAC)	
	TOTALS FO	R BREAKDOWN OF TRANSFER RECEIVE	ED
ΤΟΤΔΙ	This Period (Administrative)		
ΤΟΤΔΙ	This Period (Generic Voter Drive)		
	The Folia (asilone voter Enve)	,	
ΤΩΤΔΙ	This Period (Exempt Activities)		
IOIAL	This I choo (Exempt / letvilles)	,	
ΤΟΤΛΙ	This Period (Direct Fundraising)		
IOIAL	This relied (Bliedt rundraising)		
TOTAL	This Period (Direct Candidate Support)		
IOIAL	This Period (Direct Candidate Support)		
TOTAL	This Povind (Public Communications Deferming	Only to Porty)	
IUIAL	This Period (Public Communications Referring	Опу то Рапу)	
TOT*:	This Davied (Total Assessment Transferred)		
IUIAL	This Period (Total Amount Transferred)		

SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	25	OF	27	
FOR L	NF 1	8a OF	FORM	зх

	DF COMMITTEE (In Full) Republican Party		
NAM	E OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
Haw	raii Republican Party - State	04 14 2015	2554.73
BRE	AKDOWN OF TRANSFER RECEIVED		
i)	Total Administrative		2554.73
			Transaction ID : H3A-42106-47
ii)	Generic Voter Drive		
iii)	Exempt Activities		
iv)	Direct Fundraising (List Activity or Event Ider	itifier)	
",	,,		
	a)		
	b)		
		, , , , , , , , , , , , , , , , , , , ,	
	c) Total Amount Transferred For Direct Fundra	sing	
v)	Direct Candidate Support (List Activity or Eve	ent Identifier)	
	a)		
	b)		
	a) Tatal Assault Transferred For Direct Condid	ata Ciran art	
	c) Total Amount Transferred For Direct Candid	ate Support	
l vi)	Public Communications Referring Only to F	Party (Made by PAC)	
1 4.7		R BREAKDOWN OF TRANSFER RECEIVED	
			' inita'
TOTAL	This Period (Administrative)		3514.32
			0.00
TOTAL	This Period (Generic Voter Drive)		7
TOTAL	This Period (Exempt Activities)		0.00
TOTAL	This Period (Direct Fundraising)		0.00
			0.00
TOTAL	This Period (Direct Candidate Support)		0.00
TOTAL	This Period (Public Communications Referring	Only to Party)	0.00
TOTAL	This Period (Total Amount Transferred)		3514.32

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

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NAME OF COMMITTEE (In Full) Hawaii Republican Party Transaction ID : H4-105368-107112-e Allocated Activity or Event: Full Name (Last, First, Middle Initial) **AOAO** Imperial Plaza X Administrative Fundraising Exempt Mailing Address 711 Kapiolani Boulevard Voter Drive Direct Candidate Support Suite 700 City State Zip Code Public Comm (ref to party only) by PAC Honolulu HI 96813-5249 Allocated Activity or Event Year-To-Date Purpose of Disbursement: Maintenance & Utilities 9989.22 Activity or Event Identifier: Category/ 2015-2016 Administrative 04 Type 01 2015 Date FEDERAL SHARE NONFEDERAL SHARE = TOTAL AMOUNT 1728.74 2701.16 972 42 Allocated Activity or Event: Full Name (Last, First, Middle Initial) Transaction ID: H4-5-107151-e Central Pacific Bank X Administrative Fundraising Exempt Mailing Address PO Box 135010 Voter Drive Direct Candidate Support City State Zip Code Public Comm (ref to party only) by PAC Honolulu ΗΙ 96801-5010 Allocated Activity or Event Year-To-Date Purpose of Disbursement: Mortgage 9989.22 Activity or Event Identifier: 2015-2016 Administrative Category/ 2015 01 Type Date FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT 539 77 959.59 1499.36 Allocated Activity or Event: Full Name (Last, First, Middle Initial) Transaction ID: H4-135838-107111-e Family Health Hawaii, mbx X Administrative Fundraising Exempt Mailing Address 1440 Kapiolani Boulevard Voter Drive Direct Candidate Support **Suite 1000** City State Zip Code Public Comm (ref to party only) by PAC Honolulu ΗΙ 96814-3612 Allocated Activity or Event Year-To-Date Purpose of Disbursement: Health Insurance 9989.22 Activity or Event Identifier: 2015-2016 Administrative Category/ 01 2015 04 Type Date FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT 217.17 339.33 122.16 SUBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT 1634.35 2905.50 4539.85 TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii)) FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X)

DISBURSEMENTS FOR ALLOCATED FEDERAL (NONFEDERAL ACTIVITY

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FEDERAL/NONFEDERAL ACTIVITY NAME OF COMMITTEE (In Full) Hawaii Republican Party Allocated Activity or Event: Full Name (Last, First, Middle Initial) Transaction ID: H4-105420-107129-e Hawaiian Telcom X Administrative Fundraising Exempt Mailing Address 711 Kapiolani Boulevard Voter Drive Direct Candidate Support Zip Code City State Public Comm (ref to party only) by PAC Honolulu HI 96813-5237 Allocated Activity or Event Year-To-Date Purpose of Disbursement: Telephone 9989.22 Activity or Event Identifier: Category/ 2015-2016 Administrative 01 Type 2015 Date FEDERAL SHARE NONFEDERAL SHARE = TOTAL AMOUNT 457.96 257 61 715.57 Allocated Activity or Event: Full Name (Last, First, Middle Initial) Transaction ID: H4-105782-107113-e Oceanic Time Warner Cable X Administrative Fundraising Exempt Mailing Address PO Box 30050 Voter Drive Direct Candidate Support City State Zip Code Public Comm (ref to party only) by PAC Honolulu ΗΙ 96820-0050 Allocated Activity or Event Year-To-Date Purpose of Disbursement: Cable 9989.22 Activity or Event Identifier: 2015-2016 Administrative Category/ 2015 01 Type Date FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT 84.86 150.86 235.72 Allocated Activity or Event: Full Name (Last, First, Middle Initial) Administrative Fundraising Exempt Mailing Address Voter Drive Direct Candidate Support City State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT SUBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT 342.47 608.82 951.29 TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii)) FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

3514.32

5491.14

1976.82